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PTO/SB/22 (12-04)

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EX 2005				Docket Number (Optional) SAE-0005	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				SA	E-0005
				Filed	April 26, 2002
Application Number 10/019,783-Conf. #7671				Tiled	Tpm 20, 2002
For THE MANUFACTURING OF IRON DEFICIENT RESISTANT GRASSES					
Art Unit 1638				Examiner	M. A. Ibrahim
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
<u>Fee</u>			Small Entity Fee		
	One month (37	7 CFR 1.17(a)(1))	\$120	\$60	\$
	Two months (3	37 CFR 1.17(a)(2))	\$450	\$225	\$
×	Three months	(37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
	Four months (37 CFR 1.17(a)(4))			\$795	\$
Five months (37 CFR 1.17(a)(5)) \$2160			\$1080	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to					
Deposit Account Number 18-0013 . I have enclosed a duplicate copy of this sheet.					
I am the applicant/inventor					
application vertices.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
attorney or agent of record. Registration Number					
		rney or agent under 37 CF			
	Re	egistration number if acting u	nder 37 CFR 1.34	40,949	·
				September 26, 2005	
Signature				Date	
Lee Cheng				(202) 955-3750	
Typed or printed name				Teleph	one Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of 1 forms are submitted.					

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